



United States Senator Cory Booker

New Jersey

Please fill out this form so that Senator Booker can assist you.
Pursuant to the Privacy Act of 1974, the Booker Office cannot assist individuals without their written consent.

Privacy Act Consent Form

1

To begin processing your case, please complete all of the following information:

Federal agency with which you need help: _____

Please briefly explain the problem or information desired*:

* Please send relevant documents and additional pages of explanation as attachments to this form.

2

Circle: Mr. Mrs. Miss Ms.

First Name: _____

Last Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Immigration*

Alien Registration #: _____

Priority Date: _____

Form #: _____

Date filed: _____

USCIS Receipt #: _____

Embassy Case #: _____

Military*

Branch of Service: _____

Rank: _____

VA File Number: _____

VA Office or Med Center: _____

Other*

EEO/EEOC Charge #: _____

Lender name: _____

3

*If Applicable.

I hereby authorize Senator Booker and his staff access to any and all of my records related to the problem stated above.

Signature: _____

Date: _____

Please list any other Congressional offices that you have contacted about this issue:

4

Print and mail your completed form to Senator Cory Booker's New Jersey Headquarters office:

ATTN: Casework Department
United States Senator Cory Booker
Gateway One, Suite 2300
Newark, NJ 07102